FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K89206

(2)

W. MARINE SERVICES, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Jan 15 1997 8:00am Secretary of State



President

1-7-97

Daytime Phone #

2730 SW 3RD AVENUE. STE 800 MIAMI FL 33129-9237		2730 SW 3RD AVENUE, S' MIAMI FL 33129-2356	TE 800					
					3. Date Incorporated or Qualified 05/18/1989	1 .	e of Last Re 5/1996	əport
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		Ap	plied For
11		26			65-0123640			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State)	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	7φ	Cour	itry	8. This corporation has liability for it	ntangible t		
24	25	29	30			Yes 🗌		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	jistered A	gent	
WEN	inerstrom, Britt			81 Name				
2730	SW 3RD AVENUE, STE 800)	ŀ	82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
MIAN	/II FL 33129			5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The state of the s			
				83				
			ŀ	84 City			85 Zip (Code
				City		FL	(100) E.P.	2006
office or re	egistered agent, or both, in the S	state of Florida. Such change was	authorized	by the corporal	poration submits this statement for the p tion's board of directors. I hereby accep			
	milfam liar with, and accept the c	o gations of, Section 607.0505, Fl	lorida Statu	ites.				-
SIGNATURE	Signature, typical or profiled name of regions	angen and die Lapptonhoe (NO	II Registered	Agent signature requi	red when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
TITLE	PD	☐ OTEFIE	1.1 111	.E			Change	Addition
NAME	WENNERSTROM, STIG		1.2 NA1	ME				
STREET ADDRESS	2730 SW THIRD AVE. # 80	00	13 STE	EET ADDRESS				
CITY - ST - ZIP	Miami Fl.		14 CH	Y-ST-ZIP				
THILE		DELETE	2 1 117	.E		[Change	Addition
NAME			2.2 NAI	ME .				
STREET ACIDRESS			23516	REET ADDRESS				
DITY-ST-Z-P				Y - ST - ZIP				- (
TATLE		L_J DELETE	3.1 ∏∏	}		L	Change	Addition
NAME			3 2 NA					
STREET ADDRESS				REET ADDRESS				
CITY- ST-ZIP		□ DELETE		[Y-S]-7)P			Change	Addition
TifeE			4.1 TIT			1	Change	LJ Addition
NAME			4. 2 NA					
STREET ADDRESS				REET ADDRESS				
CITY - ST - ZIP		DELETE		Y-ST-ZIP			Change	Addition
THE		<i>()</i> (() ()	5 1 TIT	j		1		Notified
NAME Proves Applied			5.2 NA					
STREET ADDRESS				REET ADDRESS				
DITY - ST - 707		☐ DELETE	5 4 CH 6 1 TiT	Y-ST-ZIP			Change	Addition
		En ordere	6.2 NA	.		,		
NAME CLOSE E ANDRESS			- 8 1	\				
STREET ADDRESS	1.			REAT ADDRESS				
14. Ldo heret	ov certify that the information sur	inhed with this filing does not qual		Y-\$1-ZIP exemption state	d in Section 119.07(3)(i). Florida Statute	s. I further	certify that	the
informatio	er indicated on this annual rebor	t de supole mental annual report is:	true and a	ccurate and tha	t my signature shall have the same lega rt as required by Chapter 607, Florida S STIG WENNERSTROM	l effect as	if made un	der oath: that

NAME OF SIGNING OFFICER OF DIRECTOR